

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>10/5/04</u>		2 Serial/Patent # <u>10/757,998</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input checked="" type="checkbox"/>	Other RCE 1801		<u>9/27/04</u> \$ 770.							
		7 TOTAL AMOUNT OF REFUND	\$ 770.							
		8 TO BE REFUNDED BY:								
		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td>--</td><td>4</td><td>8</td><td>8</td><td>0</td></tr></table>		1	9	--	4	8	8	0
1	9	--	4	8	8	0				
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Ivan Ding/E</u>		TITLE: <u>Pat Agent</u>								
SIGNATURE: <u>Ivan Ding/E</u>		PHONE: <u>571 272-3200</u>								
OFFICE: <u>Patent</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****								
APPROVED: <u>Alicea Kelle</u>		DATE: <u>10/6/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B